INSTITUTE FOR SURVEY RESEARCH TEMPLE UNIVERSITY -Of The Commonwealth System Of Higher Education1601 NORTH BROAD STREET PHILADELPHIA, PENNSYLVANIA 19122

STUDY #540-384-01 WINTER/SPRING 1986-1987 2900-0411 MARCH 1987

TWIN VETERANS HEALTH REGISTRY

National Research Council of the National Academy of Sciences

All information you supply will be held in strict confidence. No individual will be identified in the published results of any study accessing data from the registry. Your response is entirely voluntary and failure to provide some or all of the requested information will not in any way adversely affect you. The study has nothing to do with any compensation, claims, or other contacts you may have with the Veterans Administration. The information asked for in this survey is being collected under authority of Title 38, Section 41 of the Code of Federal Regulations.

MAILING #

BEFORE YOU BEGIN ... PLEASE READ THESE INSTRUCTIONS

For some questions in this survey, you will simply write answers in your own words. Other questions, however, ask you to follow instructions and use the answer categories provided. You will find instructions for responding included with each question, in CAPITAL LETTERS within parentheses. Below are examples of the different instructions you will see, and the correct way to answer each type of question.

INSTRUCTION 1: (CIRCLE ONF)

- 1. What is the color of your eyes? (CIRCLE ONE)
 - 1 BLUE
 - 2 BROWN

IF THE COLOR OF YOUR EYES IS BROWN, YOU WOULD CIRCLE THE NUMBER TO THE LEFT OF "BROWN."

3 GREEN
4 ANOTHER COLOR

INSTRUCTION 2: (CIRCLE ALL THAT APPLY)

- Last week, did you do any of the following? (CIRCLE ALL THAT APPLY)
 - 1) WORK FOR PAY
 - 2 ATTEND CLASSES

IF YOU WORKED FOR PAY,

(3) WATCH TV

EXERCISED, AND WATCHED TV LAST WEEK, YOU WOULD CIRCLE THE NUMBER TO THE LEFT OF

4 VISIT FRIENDS

THE ITEMS. AS SHOWN.

(5) EXERCISE

INSTRUCTION 3: (CIRCLE ONE FOR EACH LINE)

Do you plan to do any of the following next week? (CIRCLE ONE FOR EACH LINE)

YES SURE NO

- a. Visit a relative
- 1
- ઉ
- b. Go to a museum

d. Watch sports on TV

- 2 3
- c. Go to a library 1 2
 - 1) 2
- IF YOU DON'T PLAN TO VISIT A RELATIVE NEXT WEEK, MAY GO TO A MUSEUM, DEFINITELY ARE GOING TO A LIBRARY, AND WILL WATCH SPORTS ON TV, YOU WOULD CIRCLE THE NUMBERS AS SHOWN.

(INSTRUCTIONS CONTINUED ON THE NEXT PAGE)

-1-

INSTRUCTION 4: (WRITE IN NUMBER. PUT A "O" IN ANY EXTRA BOXES ON THE LEFT)

 How many cups of coffee do you drink each day, on average? (WRITE IN NUMBER. PUT A "O" IN ANY EXTRA BOXES ON THE LEFT)

05

CUPS OF COFFEE

IF YOU DRINK 5 CUPS OF COFFEE DAILY, YOU WOULD WRITE IN THE NUMBER AS SHOWN.

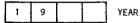
Some items require you to skip over one or more questions depending upon your answers. You will be directed either by an arrow or by an arrow and boxed instructions.

INSTRUCTION 5: DIRECTIONS TO SKIP AN ITEM

5. Have you ever been to a soccer game? (CIRCLE ONE)



6. In what year did you last go to a soccer game? (WRITE IN YEAR)



7. Do you plan on going to a soccer game in the next six months? (CIRCLE ONE)

1) YES

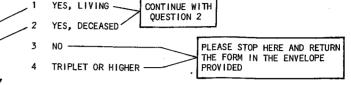
NO NO

IF YOU HAD NEVER BEEN TO A SOCCER GAME, YOU WOULD HAVE CIRCLED THE CODE FOR "NO," AND ANSWERED QUESTION 7 NEXT. QUESTION 6 WOULD BE LEFT BLANK.

(IF YOU $\underline{\mathsf{HAD}}$ BEEN TO A SOCCER GAME, QUESTIONS 5, 6, AND 7 WOULD BE ANSWERED.)

This survey concerns the health of twins who served in the military. While some of the questions may not appear to be directly related to health issues, they all ask for information that has been shown in other studies to be associated with the physical or psychological health of twins, veterans, or both.

1. Do you have a twin brother? (CIRCLE ONE)



- As children, were you and your twin "as alike as two peas in a pod," or of only ordinary family resemblance? (C!RCLE ONE)
 - 1 AS ALIKE AS TWO PEAS IN A POD
 - 2 OF ONLY ORDINARY FAMILY RESEMBLANCE
 - 3 DON'T KNOW
- Do you yourself believe that you and your twin are identical (monozygotic) twins, or do you believe that you are fraternal (dizygotic) twins? (CIRCLE ONE)
 - 1 IDENTICAL (MONOZYGOTIC)
 - 2 FRATERNAL (DIZYGOTIC)
 - 3 DON'T KNOW

21

4. When you were children, how often did the following persons have difficulty in telling you and your twin brother apart? (CIRCLE ONE FOR EACH LINE)

	ALL OF THE TIME	SOME OF THE TIME	NEVER	DON'T KNOW	DOES NOT APPLY
a. Parents	1	2	3	4	
b. Other brothers and sisters	1	2	3	4	5
c. Grandparents	1	2	3	4	5
d. Classmates	1	2	3	4	
e. Teachers	1	2	3	4	
f. Strangers	1	2	3	4	

 The following list describes characterismay not have shared when you were child consider your childhood years (before your and your twin brother were very similar, ONE FOR EACH LINE) 	ren. For eac ou were teena , somewhat si	h character; gers), and d	stic listed, escribe wheth t similar.	may or please her you (CIRCLE
When we were <u>children, our</u> :	VERY SIMILAR	SIMILAR	NOT SIMILAR	DON'T KNOW
a. Eye color was	. 1	2	3	4
b. Hair color was	. 1	2	3	4
c. Hair type was	. 1	2	3	4
d. Heights were	. 1	2	3	4
e. Weights were	. 1	2	3	4
f. Teeth were	. 1	2	3	4
g. Voices were	. 1	2	3	4
h. Muscular strength was	. 1	2	3	4
i. Temperaments were	. 1	2	3	4
j. Musical abilities were	. 1	2	3	4
k. Language abilities were	. 1	2	3	4
l. Manual skills (dexterity) were	. 1	2	3	4
About how tall are you without shoes? (WRITE IN NUMB	BER OF FEET	AND INCHES.	IF ZERO
INCHES, WRITE IN "00") FEET INCHE	E S			
. About how much do you weigh without clot	thes or shoes	? (WRITE IN	NUMBER OF PO	OUNDS)
 Would you say that your health in general poor? (CIRCLE ONE) 	al is exceller	nt, very good	d, good, fair	, or
1 EXCELLENT				
2 VERY GOOD				
3 G000				
4 FAIR				1
5 P00R				ļ

9.	Compared to your twin brother's health, how would you rate your health?
	Would you say your health is: (CIRCLE ONE)
	1 BETTER THAN YOUR BROTHER'S
	2 ABOUT THE SAME AS YOUR BROTHER'S PLEASE GO TO QUESTION 11
	3 WORSE THAN YOUR BROTHER'S
	4 DOESN'T APPLY, BROTHER IS NOT ALIVE
	HEALTH IS BETTER OR WORSE:
10.	In what way is your health different from your brother's health?
	·
11.	Please indicate which statement below best describes your present military duty status. Do not include activity in the National Guard or Reserves. (CIRCLE ONE)
	1 DISCHARGED FROM ACTIVE DUTY IN 1975 OR EARLIER —> PLEASE ANSWER THE QUEST THAT FOLLOW ABOUT YOUR HEALTH SINCE YOUR DATE DISCHARGE
	2 DISCHARGED FROM ACTIVE DUTY AFTER 1975————————————————————————————————————
	3 STILL ON ACTIVE MILITARY DUTY SINCE 1975

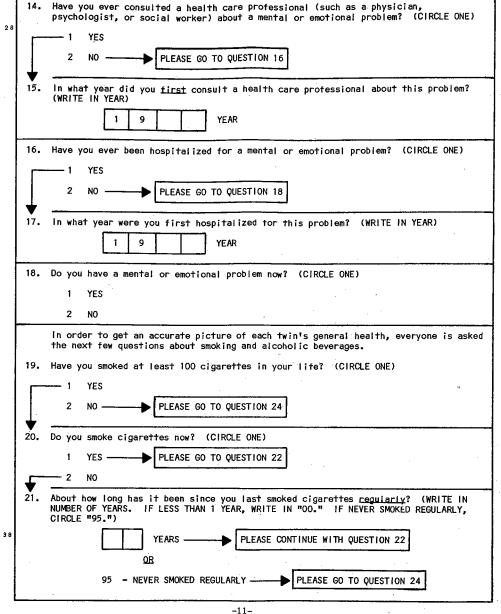
	lf you	xt question asks for two pieces of information for each be have been hospitalized overnight for a given problem, we oknow the <u>year</u> you were <u>first hospitalized</u> for that prob	would also
12d.		1975 or your discharge from active duty (if that was ear o <u>spitalized overnight</u> for any of the following condition: PPLY)	
	If hos happen	pitalized overnight, in what year (since 1975 or dischard ? (WRITE IN YEAR FOR EACH PROBLEM CIRCLED)	yEAR FIRST HOSPITALIZED
	1	HIGH BLOOD PRESSURE/HYPERTENSION (INCLUDE EVEN IF CONTROLLED BY MEDICATION)	1 9
	2	RESPIRATORY CONDITIONS SUCH AS LUNG TROUBLE, PERSISTENT COUGHING, ETC.	1 9
	3	CANCER	1 9
	4	HEART TROUBLE	1 9
	5	STROKE	1 9
	6	KIDNEY, BLADDER, OR URINARY PROBLEMS SUCH AS STONES, INFECTIONS, KIDNEY FAILURE, ETC.	1 9
	7	PERSISTENT SKIN CONDITIONS SUCH AS SEVERE ACNE, RASHES, ETC.	1 9
	8	DIABETES	1 9
	9	STOMACH OR DIGESTIVE DISORDERS SUCH AS ULCERS, INFLAMMATIONS, ETC.	1 9
	10	LIVER PROBLEMS SUCH AS HEPATITIS, CIRRHOSIS, ETC	1 9
	11	BLOOD DISORDERS SUCH AS ANEMIA, BLOOD CLOTS, ETC	1 9
	12	NERVE DISORDERS SUCH AS EPILEPSY, MIGRAINES, ETC	1 9
	13	JOINT OR SKELETAL DISORDERS SUCH AS ARTHRITIS, SWOLLEN JOINTS, ETC.	1 9
	14	HEARING PROBLEMS	1 9
	15	OTHER (PLEASE SPECIFY):	
			1 9
	16	I'VE NEVER BEEN HOSPITALIZED OVERNIGHT SINCE THAT TIME.	

29:

3 0

74

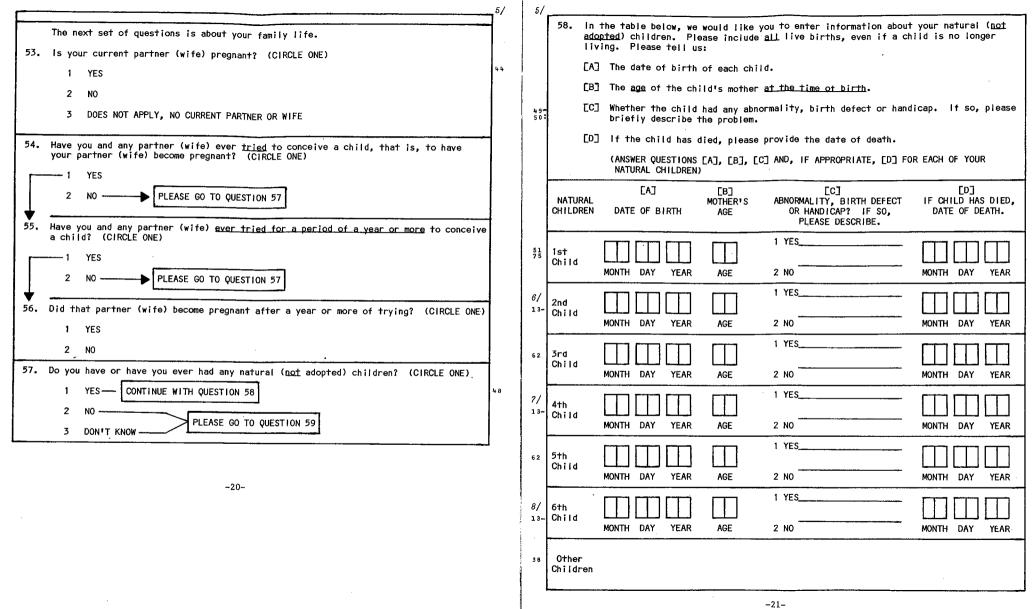
CIR	he past 6 months, how frequently have you CLE ONE FOR EACH LINE)	experie	nced the	followin	ng proble	ms?
	ole one for their time?	VERY OFTEN	OFTEN	SOME- TIMES	ALMOST NEVER	NEVER
a.	Had trouble failing asleep, staying asleep, or sleeping too much	, 1	2	3	4	5
ь.	Had repeated dreams or nightmares about things that happened to you while in the military	1	2	3	4	5
c.	Had painful memories of things that happened to you while in the military	1	2	3	4	5
d.	Avoided activities that might remind you of things that happened to you while in the military	1	2	3	4	5
е.	Found yourself in a situation where you started to feel and act as though a disturbing event you experienced in the military was happening all over again	1	2	3	4	5
f.	Had times when feelings or actions became stronger when you were in situations that reminded you of times in the military	1	2	3	4	5
g.	Felt ashamed or guilty about the kind of things you did to survive while in the military	1	2	3	4	5
h.	Had trouble concentrating	1	2	. 3	4	5
i.	Had trouble with your memory	1	2	3	. 4	5
j.	Have been irritable and short-tempered	1	2	3	4	5
k.	Had explosions of angry or aggressive behavior		2	3	4	5
.1.	Lost interest in your usual daily activities	1	2	. 3	4	5
m.	Felt distant from everyone, even those people you care about	1	2	3	4	5
n.	Felt that life is not meaningful	1	2	3	4	5
0.	Felt Jumpy and easily startled or felt that you had to stay on guard all of the time	1	2	3	4	5

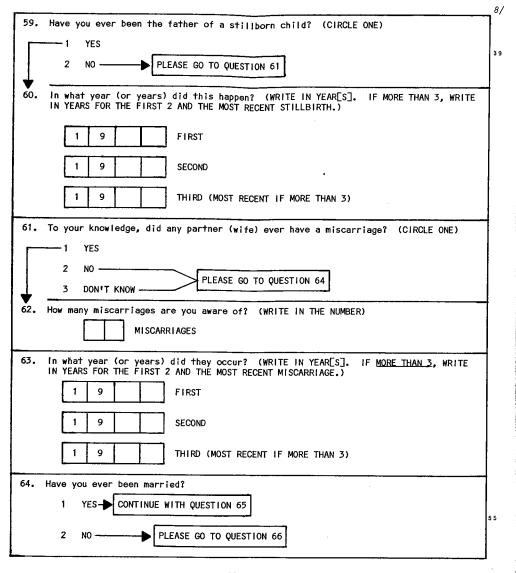


	3/	3/		
22. On the average, about how many cigarettes a day (do/did) you smoke? (WRITE IN NUMBER SMOKED. PUT A "O" IN ANY EXTRA BOX ON THE LEFT)	7 ·		28.	On the average, how many days in a week do you drink at least one alcoholic beverage? (WRITE IN DAYS PER WEEK OR CIRCLE "O" IF YOU AVERAGE LESS THAN 1 DAY A WEEK)
CIGARETTES	39	5 0		DAYS PER AVERAGE WEEK
23. About how old were you when you first started smoking cigarettes regularly? (WRITE IN AGE)				QR
YEARS OLD			29.	0 - LESS THAN 1 DAY PER WEEK ON THE AVERAGE - PLEASE GO TO QUESTION 30 In this study, a <u>drink</u> is one can or bottle of beer, or one glass of wine, or one
24. Have you had more than 20 alcoholic drinks in your entire life? (CIRCLE ONE)	1 .			mixed drink, or one shot of hard liquor.
1 YES				On those days when you have an alcoholic beverage, how many <u>drinks</u> do you have, on the average? (WRITE IN NUMBER OF DRINKS)
2 NO — PLEASE GO TO QUESTION 34		}		DRINKS ON AVERAGE DAY
25. How old were you when you started drinking alcoholic beverages <u>regularly</u> ? (WRITE IN AGE OR CIRCLE "00" IF NEVER DRANK REGULARLY)			30.	Was there a period in your life (of at least six months in a row) when your consumption was <u>more</u> than this? (CIRCLE ONE)
YEARS OLD		1	Г	1 YES
QR			\downarrow	2 NO ————— PLEASE GO TO QUESTION 34
00 - NEVER DRANK REGULARLY			31.	When was that period? (WRITE IN MONTH AND YEAR)
26. Do you drink alcoholic beverages now? (CIRCLE ONE)	1			STARTED ENDED
1 YES ———PLEASE GO TO QUESTION 28				MONTH YEAR MONTH YEAR
2 NO				
 How old were you when you stopped drinking alcoholic beverages? (WRITE IN AGE) 			32.	During that period, on the average, how many days in a week did you drink at least one alcoholic beverage? (WRITE IN NUMBER OF DAYS)
YEARS OLD — PLEASE GO TO QUESTION 34	49			DAYS PER AVERAGE WEEK DURING THAT PERIOD
	1	ſ	33.	On those days when you had an alcoholic beverage, how many <u>drinks</u> did you have, on the average? (WRITE IN NUMBER OF DRINKS)
-12-		64		DRINKS ON AVERAGE DAY DURING THAT PERIOD
				-13-

		1		1	
	This section asks for some information about your service in the military.	7		41.	While in the military, did you ever receive a medal or decoration? (CIRCLE ONE)
34.	When did you first enter active military and a WRITT IN NOUTH AND YEAR TO HOT		2 0		1 YES
	INCLUDE ANY TIME SPENT IN THE NATIONAL GUARD OR RESERVES)	1			2 NO — PLEASE GO TO QUESTION 43
	MONTH YEAR	6.5	21-22:		In the space provided below, describe any medal(s) or decoration(s) you received while in the military.
35.	What was your rank at that time?				1
	RANK:			1	
]			2
36.	Not including National Guard or Reserves, are you currently on active duty? (CIRCLE ONE)]			3
	1 YES──▶37. What is your current rank?	1			
	RANK:PLEASE GO TO QUESTION 40	1			4
	100000000000000000000000000000000000000	73			
Γ	2 NO	′°			5.
*					6
38.	When were you last discharged from active military service, not including National Guard or Reserves? (WRITE IN MONTH AND YEAR)	4/			
		=/		43.	While in the military, did you request a Vietnam duty assignment? (CIRCLE ONE)
		13	ľ		1 YES
	MONTH YEAR				2 NO
39.	What was your rank at that time?			44.	When you were in the military, were you stationed in Vietnam, Laos, or Cambodia; in
	RANK:				the waters in or around these countries; or fly in missions over these areas? (CIRCLE ONE)
10.	While on active military duty, not including National Guard or Reserves, how many		36		1 YES ———— CONTINUE WITH QUESTION 45
	times were you admitted to a hospital, <u>for any reason</u> , for an overnight stay or longer? (CIRCLE ONE)		30		2 NO PLEASE GO TO QUESTION 47
	1 NEVER ADMITTED FOR OVERNIGHT OR LONGER				
	2 1-2 TIMES		,		
	3 3-5 TIMES				-15-
	4 6-10 TIMES	19			
	5 MORE THAN 10 TIMES		9		
			.₽		

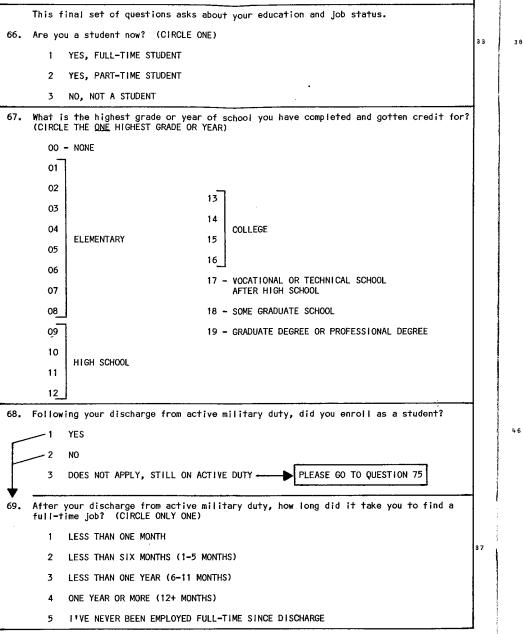
) D/	
45. How many different tours of active duty did you spend in that theatre? (CIRCLE ONE) 1 ONE		13:	46. Below is a list of 18 different combat roles and experiences that men had during the Vietnam War. Please indicate those that you had during the Vietnam War. (CIRCLE ALL THAT APPLY)
2 TWO	37	14	I IN AN ARTICLERY UNIT WHICH FIRED ON THE ENEMY
3 THREE		1	2 FLEW IN AN AIRCRAFT (RECONNAISSANCE, OR FIXED WING F-14, B-52, ETC.)
4 FOUR OR MORE		}	3 FLEW HELICOPTER ATTACK GUNSHIPS OR MEDVACS
For each of those tours, please write in the information requested below.	1		4 STATIONED AT A FORWARD OBSERVATION POST
Be sure to enter the <u>full</u> name of the unit in which you served during each tourfor example: Division, Battalion, Company, Platoon, Wing, Ship, etc.			5 TUNNEL RAT CHECKING ENEMY BASE CAMPS
A. B. C.			6 SERVED ON RIVER PATROL OR GUNBOAT
DATE TOUR DATE TOUR			7 DEMOLITIONS EXPERT IN THE FIELD
TOUR OF DUTY BEGAN ENDED UNIT YOU SERVED IN THAT THEATRE (MONTH/YEAR) (MONTH/YEAR) IN DURING TOUR			8 ASSIGNED TO GRAVES AND REGISTRATION TO RETRIEVE DEAD BODIES FROM THE FIELD
1. First]		9 SERVED AS A MEDIC IN COMBAT
Tour of Duty MONTH YEAR MONTH YEAR			10 RECEIVED INCOMING FIRE
2. Second	4		11 ENCOUNTERED MINES AND BOOBY TRAPS
Tour of Duty			12 RECEIVED SNIPER OR SAPPER FIRE
MONTH YEAR MONTH YEAR			13 UNIT PATROL AMBUSHED
3. Third	.		14 FLEW IN AIRCRAFT (FIXED WING OR HELICOPTERS) AND WAS SHOT DOWN
Duty	-		15 ENGAGED VC AND/OR NVA IN FIREFIGHT
	-		16 SAW AMERICANS KILLED, AND/OR SAW VIETNAMESE KILLED
4. Fourth Tour of			17 WOUNDED
Duty (ENTER LAST		31	18 CAPTURED BY THE ENEMY
TOUR IF MORE MONTH YEAR THAN FOUR)			19 I HAD NONE OF THESE ROLES OR EXPERIENCES IN THE VIETNAM WAR





65. Now we need some information about your marriage, or marriages. Begin by filling in the month and year of your first marriage [A]. If that marriage ended [B], indicate how it ended [C], and when it ended [D]. If you were married more than once, please fill in the information for each marriage.										
: (ANSWER QUESTIONS [A], [B] AND, IF APPROPRIATE, [C] AND [D] FOR EACH MARRIAGE)										
	First or Only Marriage	Second Marriage	Third Marriage	Fourth Marriage						
▼ [A] DATE MARRIED	MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR						
[B] ARE YOU STILL IN THIS MARRIAGE?	1 YES (GO TO Q. 66)	1 YES (GO TO Q. 66)	1 YES (GO TO Q. 66)	1 YES (GO TO Q. 66)						
(CIRCLE ONE)	2 NO (GO TO C)	2 NO (GO TO C)	2 NO (GO TO C)	2 NO (GO TO C						
	1 DIVORCE	1 DIVORCE	1 DIVORCE	1 DIVORCE						
	2 LEGAL SEPARATION	2 LEGAL SEPARATION	2 LEGAL SEPARATION	2 LEGAL SEPARATION						
FCT HOW DID THIS	3 ANNULLED	3 ANNULLED	3 ANNULLED	3 ANNULLED						
MARRIAGE END? (CIRCLE ONE)	4 DEATH OF SPOUSE	4 DEATH OF SPOUSE	4 DEATH OF SPOUSE	4 DEATH OF SPOUSE						
	5 DESERTION	5 DESERTION	5 DESERTION	5 DESERTION						
	6 OTHER (SPECIFY):	6 OTHER (SPECIFY):	6 OTHER (SPECIFY):	6 OTHER (SPECIFY):						

[D] DATE MARRIAGE		MONTH YEAR	MONTH YEAR	MONTH YEAR						
	8/ 57	76	9/ 13-	3 2						



9/

70. Are you presently employed? (CIRCLE ONE)
1 YES, FULL-TIME (AT LEAST 35 HOURS A WEEK AT ANY ONE JOB)
2 YES, PART-TIME (LESS THAN 35 HOURS A WEEK AT ANY ONE JOB)
3 NO, NOT EMPLOYED
IF PRESENTLY EMPLOYED:
If you are employed at more than one Job, answer the questions below for your main or primary job. If more than one of your current Jobs could be your main Job, answer the questions for the one you have worked at for the longest period of time.
71. What kind of business or industry is your main (or only) Job? (Example: TV and radio manufacture, retail shoe store, State Labor Department, farm, etc.)
72. What kind of work are you doing in that job? (Example: Electrical engineer, stoclerk, typist, farmer, etc.)
73. What are your most important activities or duties in that job? (Example: Typing, filing, selling new cars, finishing concrete, etc.)
74. How many years have you worked at that job? (WRITE IN NUMBER OF YEARS. IF LESS THAN ONE YEAR, WRITE IN "00") YEARS
-25-

47-

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ADDRESS UPDATING INFORMATION
The last set of questions will help us make sure that we have the correct address for both you and your twin brother, in case we need to contact you in future years for additional health surveys. The information on this page will be kept separate from the other information you have provided.
 Please print your name, address, and telephone number (where you can be reached in the coming year).
Last Name
First Name & Middle Initial
Number & Street Address
· · · · · · · · · · · · · · · · · · ·
City State Zip Code
·
Telephone Number =
(Area Code)
2. Your Social Security Number
3. Your Date of Birth Month Day Year
4. If your twin brother is alive, please print his name, current address and telephone number. Your Twin Brother's
Last Name First Name & Middle Initial
Number & Street Address
City
Telephone Number
5. A. If your twin brother is dead, in what year did he die?
B. In what city, state, and country did he die?

State_

Country,

Since we may need to c and telephone number o can be reached.	ontact you again at some ti f a person. <u>other than your</u>	me, please give us the name, address <u>twin</u> who will always know where you
Last Name		
		First Name & Middle Initial
Number & Street Address		
City	State	Zîp Code
Telephone Number		
In whose name is the phone listed?	•	
	Last Name	First Name & Middle Initial
		TO THE REGISTRY